

**Statement of Organization  
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

**Statement Type**

☐ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_  
Date qualified as committee  
(if applicable)

☒ Termination - See Part 5

List I.D. number:

# 1320247

06 / 30 / 2010

Date of Termination

RECEIVED  
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CITY CLERK'S OFFICE

CALIFORNIA  
FORM 410

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

FRIENDS OF DICK BROWNING FOR COUNCIL 2010

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

TORRANCE

CA

90505

213-489-4792

MAILING ADDRESS (IF DIFFERENT)

555 SOUTH FLOWER STREET, SUITE 4210, L. A. CA 90071

OPTIONAL: FAX / E-MAIL ADDRESS

213-489-4818/dlgould@davidgouldcompany.com

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

LOS ANGELES

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

DAVID L. GOULD

STREET ADDRESS

555 S. FLOWER STREET, SUITE 4210

CITY

STATE

ZIP CODE

AREA CODE/PHONE

LOS ANGELES

CA

90071

213-489-4792

NAME OF ASSISTANT TREASURER, IF ANY

MICHELLE MOORE SANDERS

STREET ADDRESS

555 S. FLOWER STREET, SUITE 4210

CITY

STATE

ZIP CODE

AREA CODE/PHONE

LOS ANGELES

CA

90071

213-489-4792

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge and belief, the foregoing is true and correct under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07-21-10  
DATE

By

Executed on 07-20-10  
DATE

By

Executed on \_\_\_\_\_  
DATE

By

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION

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COMMITTEE NAME

I.D. NUMBER

FRIENDS OF DICK BROWNING FOR COUNCIL 2010

## 4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD<br>(INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY  |
|--|---|------------------|--|
| RICHARD "DICK" BROWNING                                | CITY COUNCIL MEMBER - TORRANCE CA   | 2010             | <input checked="" type="checkbox"/> Non-Partisan |
|  |   |                  | <input type="checkbox"/> Non-Partisan            |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

|                               |                 |                     |
|-------------------------------|-----------------|---------------------|
| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
| ADDRESS                       | CITY            | STATE ZIP CODE      |

### Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION<br>(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE |        |
|---|--|-----------|--------|
|   |  | SUPPORT   | OPPOSE |
|   |  | SUPPORT   | OPPOSE |

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COMMITTEE NAME

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I.D. NUMBER

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

☒ CITY Committee    ☐ COUNTY Committee    ☐ STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

☐

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

**5. Termination Requirements**

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.